	DHS ASSESSOR www.dhs.state.ia.us	DHS CASE MANAGER www.dhs.state.ia.us	FAMILY SAFETY, RISK, & PERMANENCY (FSRP)	IOWA KIDSNET (IKN): Recruitment and Retention of Resource Families	BEHAVIORAL HEALTH INTERVENTION SERVICES (BHIS)	FOSTER/GROUP CARE	CHILD WELFARE EMERGENCY SERVICES (CWES) Emergency Juvenile Shelter Care bed component
ROLES	Assessment of capacity to safety and protection for children.	Protective case manager for the child and family.	Family Centered Child Welfare Services Provider for the child and family.	Resource family's primary support provider.	Mental health service provider. A Medicaid service available to any Medicaid eligible child with a mental health disorder.	Provide congregate residential care to children unable to live in a family situation due to social, emotional, or physical disabilities who need varying degrees of supervision.	Providing emergency and short-term temporary placement of children in a physically unrestricting facility at any time between a child's initial contact with juvenile authorities and the final judicial disposition case
OVERALL TASKS	Conduct 20 day protective assessments to ascertain whether abuse or neglect occurred per the allegations made to DHS, arrange for safety services, and identify protective service needs for the family and child.	Coordinates all protective service activities for the family and child. This worker is the case manager for the child and family. Responsible for successful execution of the family team process and the successful implementation of the family interaction plan.	Implements a set of protective service strategies that are family focused, designed to build on family strengths, enhance caretaker protective capacities to safely care for their children, and connect families to community resources and informal support systems. These services are designed to achieve safety and permanency for children regardless of the setting in which they reside. Responsible to participate in the planning and implementation of the family interaction to contribute to successful permanency.	Develops a support plan with resource families. Provides post adoption support services to adoptive families receiving Iowa subsidy. Responsible to participate in the planning and implementation of the family interaction to contribute to successful permanency. Responsible for collaborating with the family to develop a training plan to strengthen family skills. Monitors training to ensure families meet the 6 hour training requirement.	Services are supportive, directive and teaching interventions provided in a community-based or group care environment designed to improve the child's level of functioning as it relates to a mental illness with a primary goal of assisting the individual and his/her family to learn ageappropriate skills to manage their behaviors, and regain or retain self-control.	24-hour care including room and board and age appropriate child welfare services provided in a private, licensed, and contracted facility. Child welfare services: maintain a child's connection to family and community; promote reunification or other permanent placement; and, facilitate a child's transition to adulthood. Program services allow for behavioral observation and evaluation and provide a daily routine to promote healthful eating, sleeping, exercising, and personal care and grooming habits.	Shelters provide 24-hour planned and structured daily programs that provide for a child's educational, recreational, health, dietary, and other needs.

	DHS ASSESSOR	DHS CASE MANAGER	FSRP	IKN	BHIS	GROUP CARE	CWES – EMERGENCY JUVENILE SHELTER
CASE PLAN TASKS	Identify the safety and protective capacities, and family supports to enhance the safety and protection of the children.	Develops, monitors, and appropriately shares case permanency plan progress utilizing a family team decision making process.	Provides, procures, or arranges for direct services and resources to implement the case permanency plan in a family specific way.	Assists the family team by providing on-going, proactive support to resource families to strengthen placements and prevent disruptions. Encourages resource families' active involvement in the family team process and the successful implementation of the family interaction plan.	Develops a treatment plan specific to the child's behavioral health needs. These plans should drive the child-specific treatment strategies in the case permanency plan.	A written care plan is required that is based on an assessment of each child's individual needs. It must allow for consultation with the child's family and address special needs, and describe planned services and responsible staff. The facility is responsible for planning the daily activities of all children, including discipline, guidance, peer relationships, and recreational programs.	A written care plan must be developed for each resident remaining in the facility over four days. It is based on individual needs determined through the assessment of each youth and must address: specific needs; planned service; responsible staff person(s); where services will occur; and, the frequency of activities or services.
COURT	Ensures coordination of the case with Court parties including submission of the case permanency plan, testimony in hearings, and formalizing recommendations critical to the progress of the case permanency plan goals.	Ensures coordination of the case with Court parties including submission of the case permanency plan, testimony in hearings, and formalizing recommendations critical to the progress of the case permanency plan goals.	Provides reports to contribute to Court recommendations around case permanency plan progress, and attends hearings and testifies as requested.	Ensures Resource Families are aware of their rights to participate in Juvenile Court proceedings.	BHIS provider reports regarding the child's functioning and progress may contribute to other information the court uses to make recommendations re: case permanency plan progress.	Court orders must be present in order to place children in group care.	Court orders are required before a child can be kept in shelter care beyond 48 hours, or 72 hours if a child is believed to be a runaway.
PLACEMEN TASKS	Makes initial placement decisions to ensure the safety, least disruptive, and permanency for the child.	Makes all placement decisions for children in the family in partnership with the Court.	Contributes to placement stability of child/ren through regular contact per the case permanency plan. Makes recommendations on placements per progress in the case permanency plan.	Responsible to match resource families with waiting children. These matches are recommended to DHS for final placement decisions and arrangements. Assist in arranging respite opportunities.	As service provider, assists child and family/caretakers to regain/retain skills needed to enhance child's functioning that is a result of the mental health disorder. Does not make recommendations re: placement.	Accepts children for placement as determined by the juvenile court and arranged with DHS. DHS defined contractual obligations related to licensure and service contracting must be followed.	Accepts children lawfully placed according to the allowed conditions for placement into juvenile shelter that are defined in Iowa Code 232. DHS defined contractual obligations related to licensure and service contracting must be followed.

	DHS ASSESSOR	DHS CASE MANAGER	FSRP	IKN	BHIS	GROUP CARE	CWES – EMERGENCY JUVENILE
OUTCOME TASKS	Identify and promote the safety, permanency and well being needs of the children with the immediate and extended family.	Promotes case progress to safe case closure within Federal Child and Family Service Review expectations with a focus on the safety, permanency, and well being of children and families.	Actively engages families in treatment strategies and makes recommendations to DHS based on a functional family assessment of child safety and issues impacting permanency and well being.	Coordinates efforts with the IFAPA liaison to help retain family, including assistance with learning opportunity plans. Responsible to assist and support the resource family's relationship with the child's birth family and/or kin. Responsible to match children close to their removal home in order to maintain family, community, and cultural connections.	Contributes to the overall behavioral health of child by providing specific services following a comprehensive behavioral health assessment. An outcomes survey is conducted twice yearly at minimum to assess the child's progress.	Care plan outcomes are based on the achievement of goals developed to address each child's needs and on meeting the needs identified in the child's case permanency plan. Providers are expected to assist transition to adulthood or prepare children to be reunited with their families or placed in another permanent living setting. Additionally, all contractors will address contractual outcome expectations that focus of safety, permanency, and well-being.	Outcome expectations are based on meeting the objectives of the care plan, based on meeting each child's needs. Shelter providers are expected to provide appropriate temporary care through the time of disposition of a case. Additionally, all contractors will address contractual outcome expectations that focus of safety, permanency, and well-being.